

STAFF INTERVIEW INSTRUMENT (SII)

BLANK SFY23 QSR INSTRUMENT

ACCESS LOG (for DHHS BPQ USE ONLY)		
Name	Date	PURPOSE

CLIENT NAME:	0	0
SAMPLE CATEGORY:		
CMHC STAFF NAME:	0	0
STAFF POSITION:	0	
CMHC:	0	
PERIOD UNDER REVIEW:	7/1/2022 to 6/30/2023	
INTERVIEW COMPLETED BY:		
DATE(S) OF INTERVIEW:		
TYPE OF INTERVIEW:		
INDIVIDUAL'S PRONOUNS:	0	

SII REVIEWER ADDITIONAL COMMENTS:

Hello and thank you for talking with us today, _____. My name is _____ (R1), and I'm working with _____ (R2). As you know, _____ (R2) and I work for the Department of Health and Human Services, and today we will be asking you about the mental health supports and services that _____ has received over the past 12 months from _____ (CMHC).

Our interview today is part of the state's effort to improve the mental health services in NH. We are including all the Mental Health Centers in NH in this project and talking to people who receive mental health services, like _____, and the staff who provide those services. Your feedback is so important to this process.

During the interview, I'll be asking most of the questions about the services _____ has received over the past 12 months and _____ (R2) will be typing in your responses. We ask the questions in the same way and in the same order to everyone participating. Some questions are "Yes or No" questions, others are open-ended. All your answers are confidential. The only exception to confidentiality would be if there was a safety concern related to _____. In that case, we may need to notify others.

We do interviews in teams so that we can make sure we enter the answers in the correct places, and at times I may need to ask _____ (R2) what number we are on.

If you need me to repeat anything, feel free to stop me. Do you have any questions before we begin?

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ASSESSMENT, TREATMENT PLANNING AND SERVICES

The first section of questions is about _____'s assessment, treatment planning, and services received.

SII Q1 Please tell us a little about your role in _____'s treatment and how long you've been working with him/her?

REVIEWER CODE: APPROX TIME STAFF HAS WORKED WITH INDIVIDUAL

REVIEWER GUIDANCE: SELECT "YES" FOR ALL ROLES STAFF MENTIONED PROVIDING

Case Manager

SE/IPS

FSS

Peer Specialist

Therapist/Clinician

Other

Nurse

SII Q2 How was information gathered when completing the ANSA (or comparable assessment)?

REVIEWER CODE: STAFF ENDORSED THAT AT LEAST PART OF PROCESS WAS DONE IN DIRECT COLLABORATION WITH INDIVIDUAL

SII Q3 Please describe _____'s involvement in treatment planning?

REVIEWER CODE: INDIVIDUAL HAS SOME INVOLVEMENT IN TX PLANNING

SII Q4 Is there anything _____ needs that is not in the current treatment plan? Yes or No? (If Yes, ask: How is it being addressed?)

If NO, SKIP to Q5

REVIEWER CODE: STAFF ENDORSED IT IS BEING ADDRESSED

SII Q5 Are you aware of any issues or concerns with _____ not getting any of the services that are currently prescribed on his/her treatment plan? Yes or No?

If NO, SKIP to SERVICES RECEIVED IDENTIFIER BELOW

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SII Q6 Tell me more about that: [REVIEWER: MUST COMPLETE FIRST TWO REVIEWER CODES DURING INTERVIEW]

	REVIEWER CODE: INDIVIDUAL IS DECLINING	
	REVIEWER CODE: SERVICE(S) AREN'T/WEREN'T AVAILABLE	
	REVIEWER CODE: ALL EXPLANATIONS ARE APPROPRIATE	
SERVICES RECEIVED IDENTIFIER:	#DIV/0!	IF "100%" or #DIV/0!, SKIP to next highlighted prompt above Q8

SII Q7 In this question, we look at the annual treatment plan, which we noted in the clinical record review was dated [Reviewer: Use *Date of ISP below*]. Then we look at the services prescribed on that plan and the frequency at which those services were prescribed. Lastly, we look to see if the individual has been receiving those services at the frequency prescribed since the date of the annual treatment plan. We noted the following services were not received at the prescribed frequency. Could you please tell us more about why _____ did not receive those services at the prescribed frequency?

[REVIEWER: MUST COMPLETE FIRST TWO REVIEWER CODES DURING INTERVIEW]

Date of ISP: 1/0/00

Services on TX Plan which have not been provided:			
0			
	REVIEWER CODE: INDIVIDUAL DECLINED SERVICE(S)		
	REVIEWER CODE: SERVICE(S) AREN'T/WEREN'T AVAILABLE		
	REVIEWER CODE: ALL EXPLANATIONS ARE APPROPRIATE		
N/A	REVIEWER CODE: SE EXPLANATION IS APPROPRIATE		
SKIP to next highlighted prompt above Q9		[STOP AND CHECK COMPUTER]	

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SII Q8 For the services _____ is declining, what is the process for revisiting those service options? How often does that happen?

REVIEWER CODE: SERVICE OPTIONS ARE DISCUSSED AT LEAST QUARTERLY

SKIP to Q10

[STOP AND CHECK COMPUTER]

SII Q9 What has the plan been to meet the individual's service needs while the services were not available?

REVIEWER CODE: PLAN MET INDIVIDUAL'S SERVICES NEEDS

ACT

STOP DO NOT SKIP! All staff are asked the ACT Qs.

The next section is specific to ACT services.

SII Q10 Does _____ meet the criteria for ACT? Yes or No?

SII Q11 Tell me more about why he/she does/does not meet criteria to qualify for ACT:

SII Q12 Is _____ currently on ACT? Yes or No?

SII Q13 Can you tell me more about why _____ is not on ACT?

REVIEWER CODE: EXPLANATION
IS APPROPRIATE

SKIP to HOUSING Section After Answering

SII Q14 Have ACT services been provided with the frequency and intensity needed to address his/her treatment needs and support his/her recovery? Yes, No, or Not sure?

IF YES or NOT SURE, SKIP to Q16

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SII Q15 How are the intensity and frequency of the services going to be modified to reflect his/her needs?

REVIEWER CODE: THERE IS A PLAN TO MAKE NECESSARY CHANGES

REVIEWER CODE: INDIVIDUAL IS DECLINING

SII Q16 Where does _____ receive most of his/her services, the home, the community, or the CMHC office?

REVIEWER CODE: MOST SERVICES ARE RECEIVED IN HOME/COMMUNITY

NO **REVIEWER CODE:** STAFF INDICATED INDIVIDUAL CHOOSES/PREFERS TO MEET IN THE OFFICE

SII Q17 Tell me about any collaboration or communication you, or others on _____'s treatment team, may have had with community providers and/or the individual's support systems on behalf of _____ in the past 12 months:

REVIEWER GUIDANCE: SELECT "YES" FOR ANY OF THE CATEGORIES THAT ARE MENTIONED

<input type="text"/>	Housing	<input type="text"/>	Medical Providers
<input type="text"/>	DHHS	<input type="text"/>	SUD/BH Providers
<input type="text"/>	Family/Friends	<input type="text"/>	Legal System/Law Enforcement
<input type="text"/>	Guardians/Rep Payee	<input type="text"/>	Community Providers
<input type="text"/>	Employer/School	<input type="text"/>	Other
<input type="text"/>	COLLABORATION HAS OCCURRED		



HOUSING

The next several questions are about housing and any services or supports provided to _____ to help him/her find or maintain adequate housing.

SII Q18 What kind of housing does _____ currently have? [**REVIEWER:** prompt for clarification regarding whether the indiv lives in a residential facility if the staff mentions "staff" or "supported" in his/her response and his/her meaning is unclear.]

REVIEWER CODE: TYPE OF HOUSING DROPDOWN

SII Q19 Has _____ had any periods of homelessness in the past year? Yes, No, or Not Sure?

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SII Q20 Have you or anyone on the treatment team observed or been aware of any safety concerns related to his/her housing, including home and neighborhood, in the past 12 months? Yes or No?

If NO, SKIP to Q22

SII Q21 Tell me more about that. **How is it being addressed and is it a current concern?**
[REVIEWER: Capture **both** of the following in the text box below: 1) the safety concern and 2) whether it's a current concern. **Please spell-check and review text closely.**]

REVIEWER CODE: THERE IS A CURRENT SAFETY CONCERN

REVIEWER GUIDANCE: SELECT "YES" FOR ANY OF THE CATEGORIES MENTIONED

Feelings of Fear Other

Threats to Self/HH Member

Reported Violence to Self/HH Member

Physical Conditions of Home/Bldg

SII Q22 Has _____ been at risk of losing his/her housing at any point in the past 12 months? Yes, No, or Not Sure?

If NO or NOT SURE, SKIP to Q24

SII Q23 Tell me more about that:

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

Financial Actual Eviction/Displacement

Cleanliness Other

Behavior

SII Q24 How many places has _____ lived in the past 12 months, including where he/she lives now?

REVIEWER CODE: NUMBER OF PLACES DROPDOWN

If Reviewer Code is "1," SKIP to Q28

SII Q25 What are the reasons for _____ moving during the year?

SII Q26 Was _____ able to see the new places before moving in? Yes, No, or Not sure?

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SII Q27 Did _____ have the opportunity to discuss his/her housing needs and wants prior to deciding to move in? Yes, No, or Not sure?

SII Q28 The next question is a list of common services and supports related to housing. Please indicate with a Yes, No, or Not Sure which of the services or supports _____ has received from _____(CMHC) within the past 12 months:

Service/Support	Received in Past Yr from CMHC
Help with moving arrangements	
Help in getting furnishings	
Budgeting	
Shopping	
Maintenance/ Cleaning	
Landlord/Neighbor/Roommate Interactions	
General paperwork related to housing	
Looking for housing	

HOUSING GOAL/PLAN IDENTIFIER:]

ISP GOAL	
CM PLAN	

STOP & CHECK COMPUTER BEFORE PROCEEDING

SII Q29 How have the housing related services provided to _____ helped him/her to progress towards his/her housing/living skills goals?

CRR HOUSING/LIVING SKILLS GOALS/PLAN	

REVIEWER CODE: STAFF ENDORSED THAT SERVICES HAVE HELPED INDIVIDUAL PROGRESS TOWARDS HOUSING/LIVING SKILLS GOALS/PLAN

SII Q30 Are there any housing related needs for _____ that _____(CMHC) has not been able to meet in the past 12 months? Yes, No, or Not sure?

If NO or NOT SURE, SKIP to Q33

SII Q31 What are those housing related needs?

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SII Q32 How has this been addressed?

REVIEWER CODE: UNMET NEEDS ARE APPROPRIATELY BEING ADDRESSED

SII Q33 Has _____ (CMHC) provided or offered _____ with services that are adequate to obtain and maintain stable housing? Yes or No?

If YES, Skip to Q35

SII Q34 What services are needed?

REVIEWER CODE: CMHC HAS MADE NECESSARY SERVICES AND SUPPORTS AVAILABLE TO THE INDIVIDUAL

SII Q35 Please tell us about the services that the mental health center has provided or offered to _____ to support him/her living in the least restrictive community setting that meets his/her needs?

REVIEWER CODE: CMHC HAS PROVIDED/OFFERED SERVICES THAT SUPPORT LIVING IN MOST INTEGRATED SETTING

SII Q36 **If Staff has indicated in the previous question that the individual is refusing services or that there are not enough resources available, ask:** What additional services are needed?

Otherwise Skip to Employment Section

EMPLOYMENT

The next section is about employment and related services and supports provided to _____.

SII Q37 Does _____ work? Yes, No, or Not Sure?

If NO or NOT SURE, SKIP to Q39

SII Q38 What does _____ do for work? (Where, how long, job duties, competitive)

REVIEWER CODE: JOB IS COMPETITIVE

SII Q39 In the past year, has someone talked to _____ about how employment (could) affect(s) any benefits he/she may be receiving? Yes, No, or Not Sure?

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SII Q40 Has _____ been ***interested*** in receiving help in finding/keeping a job in the last 12 months? Yes, No, or Not sure?

☐ **If NO or NOT SURE, skip to Q42**

SII Q41 What kind of help, specifically, has _____ been interested in receiving?

REVIEWER GUIDANCE: If the staff answers with "SE" please ask "Yes, but what services in SE *specifically* has _____ been interested in receiving?"

SII Q42 Does _____ have any identified employment needs which are not currently being addressed? Yes or No?

☐ **If NO, skip to Q44**

SII Q43 What are those needs and can you tell us why the CMHC has not addressed them?

☐ **REVIEWER CODE:** CMHC IS ADDRESSING THE NEEDS

SII Q44 What challenges, if any, does _____ face in finding and maintaining employment?

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

<input type="checkbox"/> MH Symptoms	<input type="checkbox"/> Child Care	<input type="checkbox"/> Interpersonal skills
<input type="checkbox"/> Transportation	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Limited Skills/Ed
<input type="checkbox"/> Physical/Medical limitations	<input type="checkbox"/> Substance MisUse	<input type="checkbox"/> Work Habits/Ethic
<input type="checkbox"/> Competing Priorities	<input type="checkbox"/> Benfit Impact	<input type="checkbox"/> Legal Concerns
<input type="checkbox"/> No Challenges	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Other

If NO CHALLENGES is selected, SKIP to Q46

SII Q45 What strategies have been used by the team to help _____ overcome those challenges?

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

<input type="checkbox"/> Psych Medication	<input type="checkbox"/> Available Employment Services
<input type="checkbox"/> Skill Building	<input type="checkbox"/> Providing Employment Services
<input type="checkbox"/> Time Management	<input type="checkbox"/> Assisting with Medical/Physical Needs
<input type="checkbox"/> Education	<input type="checkbox"/> Exploring Lack of Interest/Motivation
<input type="checkbox"/> Transportation	<input type="checkbox"/> No Strategies Identified
	<input type="checkbox"/> Other

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SII Q46 Have Supported Employment Services been recommended or provided in the past 12 months? Yes, No, or Not sure?

If YES or NOT SURE, SKIP to HIGHLIGHTED PROMPT ABOVE Q48

SII Q47 Please explain why Supported Employment has not been recommended or provided within the past 12 months.

REVIEWER GUIDANCE: SELECT A CODE *ONLY IF* APPLICABLE TO STAFF'S RESPONSE

DECLINES/NOT INTERESTED
OTHER EMPLOYMENT SERVICE
BETTER SUITED

SE NOT AVAILABLE

EMPLOYMENT PLAN/GOAL IDENTIFIER

ISP GOAL:	<input type="text"/>
CM PLAN:	<input type="text"/>

STOP & CHECK COMPUTER BEFORE PROCEEDING

SII Q48 Has _____ (CMHC) provided or attempted to provide **ANY** employment related services and supports to _____ in the past 12 months? Yes or No?

If NO, SKIP to CRISIS SECTION

SII Q49 Tell me about the employment related services and supports that have been provided to _____:

CRR EMP GOALS:	<input type="text"/>
	<input type="text"/>

REVIEWER CODE: SERVICES MENTIONED ARE RELATED TO PROGRESSION TOWARDS GOALS IDENTIFIED ON TX PLAN

SII Q50 How have the employment related services that _____ received helped him/her to progress towards or reach his/her employment goals?

CRR EMP GOALS:	<input type="text"/>
	<input type="text"/>

REVIEWER CODE: STAFF ENDORSED THAT SERVICES HAVE HELPED INDIVIDUAL PROGRESS TOWARDS EMPLOYMENT GOALS

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CRISIS

CONTINUE WITH CRISIS SECTION INTRODUCTION.

This next section is about the crisis planning and crisis services and supports provided to _____. When we say mental health crisis, we mean difficult times when the individual may be feeling out of control, unable to function the way the individual would like to, or the individual is having thoughts of hurting themselves or someone else. Although these crises may result in the individual visiting the ER or requiring hospitalization, these questions are not specific to only those situations. The crisis services and supports that we are referencing in this section could be crisis services provided on the phone by your emergency services staff, or crisis services provided by your ACT team or FSS worker, or crisis services provided by your rapid response team, up to and including crisis services and supports provided by the Center in an ER.

SII Q51 Has _____ (CMHC) provided any crisis services to _____ in the past 12 months? Yes, No, or Not Sure?

IF NO or NOT SURE, SKIP to COMMUNITY INTEGRATION AND SOCIAL SUPPORTS SECTION

SII Q52 Can you please summarize the last crisis service you are aware of _____ receiving from the CMHC, including what the crisis was, what the CMHC did to help, the location where the assessment and intervention was provided, and if the services allowed _____ to stay in the community, or did he/she then visit an emergency department?

REVIEWER CODE: CRISIS SERVICE PREVENTED NEED FOR ED ASSESSMENT

SII Q53 How and when did _____'s treatment team staff become aware that _____ had experienced this crisis or emergency?

REVIEWER CODE: STAFF RECEIVED NOTIFICATION FROM PROVIDER OF CRISIS SERVICE

**REVIEWER CODE: STAFF RECEIVED NOTIFICATION WITHIN 24 HOURS
(REGARDLESS OF WHETHER IT WAS FROM THE PROVIDER OF CRISIS SERVICE OR NOT)**

SII Q54 Did you and/or the treatment team receive all the information that was needed? Yes or No?

SII Q55 Who assessed _____ during the crisis/emergency and does that staff have any other role in _____'s treatment?

REVIEWER CODE: STAFF HAS ROLE IN INDIVIDUAL'S TREATMENT

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- SII Q56 Did the crisis services provided by the CMHC help him/her return to his/her pre-crisis/baseline level of functioning? Yes, No, or Not Sure? (Include any narrative response offered in the box below.)

- SII Q57 Has _____ stayed at a CMHC crisis apartment? Yes, No, or Not Sure? **If so**, did the stay at the apartment meet his/her needs? Explain:

COMMUNITY INTEGRATION AND SOCIAL SUPPORTS

The next section is about _____'s social supports and community integration.

- SII Q58 Have you, or others on the treatment team, discussed with _____ how making connections with community, friends, and family, and participating in activities that he/she enjoys is helpful to his/her recovery? Yes or No?

- SII Q59 Please describe _____'s current support system, including how they are or are not helpful to _____'s recovery?

REVIEWER CODE: HELPFUL TO RECOVERY

REVIEWER CODE: IDENTIFIES NATURAL SUPPORTS

- SII Q60 Please tell us how _____ is integrated into or is involved in his/her community?

REVIEWER CODE: INDIVIDUAL IS INTEGRATED INTO COMMUNITY

- SII Q61 Is there a plan, formal or informal, to help _____ maintain and/or enhance his/her support system? Yes or No?

If NO, SKIP to Q63

- SII Q62 What does that plan look like?

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SII Q63 Do you think that _____ could benefit from peer support? Yes or No?

SII Q64 Has _____ been informed about the peer support agency **_PSC_**? Yes, No, or Not Sure?

SII Q65 Does _____ (CMHC) have peer support services, such as a peer support specialist, available to _____? Yes, No, or Not sure?

SII Q66 What peer support services, if any, has _____ utilized in the past year, either at the CMHC, at the Peer Support Agency, or elsewhere?

PSA

CMHC

OTHER

INDIVIDUAL IDENTIFIED PSA, CMHC, OR ANOTHER SORT OF PEER SUPPORT SERVICE WAS USED

TRANSITION/DISCHARGE

IPA Identifier

CRR

CPC

CPD

IF CRR IS NO, SKIP to OVERALL SECTION, OTHERWISE CONTINUE WITH INTRODUCTION.

The next section is about inpatient psychiatric admissions such as those to New Hampshire Hospital, other DRFs, or hospitals with a behavioral health unit.

The record indicates that the most recent psychiatric inpatient admission was:

1/0/00

to

1/0/00

at

0

The next several questions are about the discharge process and the continuum of care for that admission, unless you're aware of an admission that was more recent. If so, the next several questions would apply to that discharge. Was that the most recent inpatient psychiatric admission?

Staff Endorses ANY IPA:

Select NO only when the staff does not endorse ANY IPA within the PUR. If NO is selected, collect their response, then SKIP to OVERALL section.

Incl. staff narrative:

SII Q67 Please tell me about _____'s involvement in his/her discharge planning, if any, that you are aware of:

REVIEWER CODE: INDIVIDUAL WAS INVOLVED

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SII Q68 Did _____ return to appropriate housing? Yes, No, or Not Sure?

SII Q69 Did _____ resume contact with his/her natural supports once he/she returned home? Yes, No, or Not Sure?

SII Q70 Were follow-up appointments scheduled with the mental health center prior to _____'s discharge from the facility? Yes, No, or Not sure?

SII Q71 Tell me about any in-reach that was done by the mental health center while the individual was at the facility:

REVIEWER CODE: STAFF ENDORSES THAT IN-REACH DID OCCUR

SII Q72 Once _____ was discharged, please tell me about any disruptions to his/her normal routine that he/she experienced as a result of being in _____ (IPA Facility).

REVIEWER CODE: RETURN HOME HAD SIGNIFICANT NEGATIVE DISRUPTION TO NORMAL ROUTINE

SII Q73 Prior to discharge, was _____ screened for Bridge housing support by the CMHC? Yes, No, Not Sure, he/she didn't need/qualify for Bridge.

OVERALL

SII Q74 Is _____ provided with the services and supports needed to support his/her health, safety, and welfare? Yes, No, or Somewhat?

If YES, Skip to Q76

SII Q75 What additional services are needed?

SII Q76 Is _____ provided with the services and supports needed to offer reasonable opportunities to help him/her achieve increased independence and gain greater integration or involvement into the community? Yes, No, or Somewhat?

If YES, Skip to Q78

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SII Q77 What additional services are needed?

SII Q78 Is _____ provided with the services and supports needed to avoid harms and decrease the incidence of unnecessary psychiatric hospital contacts and/or institutionalization? Yes, No, or Somewhat?

If YES, Skip to Q80

SII Q79 What additional services are needed?

SII Q80 Is there anything else you would like to share regarding _____ and the services he/she receives that we have not asked about?

SII Q81 What are some of the barriers, challenges, or gaps that you face at _____(CMHC)?

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

☐
☐
☐
☐
☐
☐
☐

Paperwork

Staffing

Work Demands

Relationships/Communication
with other agencies

Client Engagement

Caseload

Lack of Time

☐
☐
☐
☐
☐
☐

Low/Uncompetitive Pay

Burnout/Stress

COVID-19

Lack of client resources (e.g.
housing, transportation, etc.)

Training Concerns

Other

SII Q82 What is working well regarding _____(CMHC) and the services provided to individuals?

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

☐
☐

Teamwork/Milieu

Agency Support

☐
☐

Training Opportunities

Tech/EHR Improvements

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<input type="checkbox"/>	Paperwork/Doc. Improvements	<input type="checkbox"/>	Client-Centered
<input type="checkbox"/>	Relationships/Communication with other agencies	<input type="checkbox"/>	Services Available/Evidence-Based Practices in Use
		<input type="checkbox"/>	Other

SII Q83 Is there anything else you would like to share with us about the mental health delivery system in New Hampshire, or is there anything you would like to change, or are there any ideas you have for improvements?

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

<input type="checkbox"/>	Inpatient Psych. Admit/Bed Avail.	<input type="checkbox"/>	Inpatient Discharge/Care Coord.
<input type="checkbox"/>	Insurance/MCO/Rates	<input type="checkbox"/>	988/Emergency Services
<input type="checkbox"/>	Pay/Benefits	<input type="checkbox"/>	State/DHHS Interactions
<input type="checkbox"/>	Available Services/Resources	<input type="checkbox"/>	Other

Completion Tracking Chart

Staff Interview Complete:	NO
SII Reviewer Self-Check Complete:	NO
SII QA Check Complete:	0
SII QA Follow-Up Complete:	NO